

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015310

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2208

FILED MAY 7 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, K. C. MO.		d. STREET ADDRESS (If outside, give location) 222 WEST 82nd STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle HENRY Last KRATZBERG			4. DATE OF DEATH Month APRIL Day 20 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-95	9. AGE (last birthday) 66 yrs	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CAB DRIVER		10b. KIND OF BUSINESS OR INDUSTRY TAXI CAB		11. BIRTHPLACE (City and state or country) GREELEY, KANSAS	
11a. FATHER'S NAME W. W. I.		11b. MOTHER'S MAIDEN NAME ---		12. CITIZEN OF WHAT COUNTRY USA	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			14. NAME OF HUSBAND OR WIFE MATILDA KRATZBERG		
15. SOCIAL SECURITY NO. ---			16. INFORMANT VA HOSPITAL OFFICIAL RECORDS, K.C. MO.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, advanced.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Bronchogenic carcinoma, left upper lobe, with metastasis to right lung, liver, Thoracic aorta mediastinal and abdominal aortic lymph nodes.		
DUE TO (c) ---		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pancreatitis, sub-acute.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour --- a.m. --- p.m. ---	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION VA COUNTY --- STATE ---		

21. I attended the deceased from April 10, 1962 to April 20, 1962	
Death occurred at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Stephen Parks</i>	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 4-20-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal 4-23-62	23b. DATE 4-23-62	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery Lenexa, Kansas

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home	25. DATE RECD. BY LOCAL REG. 4-21-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Stephen Parks

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H. Bantz

Licensed Embalmer No. 5038

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.